

NON-SURGICAL ORTHOPEDICS OF NEW JERSEY, PC

Dr. Ketan D. Vora
P.O. Box 28008
New York, NY 10087-8008
Phone#: (732) 441-7177 Fax#: (732) 441-7165

Assignment of Benefits

Patient _____
Ins. Company _____
Policy, Group _____
SS# / ID# / Claim # _____

I hereby authorize the _____ Insurance Company to pay by check made out and mailed to:

Non-Surgical Orthopedics of New Jersey, PC

Dr. Ketan D. Vora
400 Route 34, Suite A
Matawan, NJ 07747

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said Professional Service charges over and above this insurance payment.

If my current policy prohibits direct payment to Non-Surgical Orthopedics of New Jersey, PC, I hereby also authorize you to make the check to me and mail it as follows:

c/o: Non-Surgical Orthopedics of New Jersey, PC
Dr. Ketan D. Vora
400 Route 34, Suite A
Matawan, NJ 07747

I also hereby assign to Non-Surgical Orthopedics of New Jersey, PC all of my rights to obtain payment under the personal injury protection provisions of an automobile insurance policy or any other health insurance policy of any medical bills incurred as a result of my treatment, including the option to submit any dispute in my name to binding arbitration under the auspices of the American Arbitration Association or any other form that the provider deems appropriate.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

A photocopy of this Assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Date _____

X _____
Signature of Policyholder

Signature of Claimant, if other than Policyholder.